

FIRST REGULAR SESSION  
SENATE COMMITTEE SUBSTITUTE FOR  
HOUSE COMMITTEE SUBSTITUTE FOR

# HOUSE BILLS NOS. 59 & 269

## 92ND GENERAL ASSEMBLY

---

Reported from the Committee on Aging, Families, Mental and Public Health, April 14, 2003, with recommendation that the Senate Committee Substitute do pass and be placed on the Consent Calendar.

0368S.04C

TERRY L. SPIELER, Secretary.

---

### AN ACT

To amend chapters 192, 630 and 633, RSMo, by adding thereto five new sections relating to implementation of special health care programs.

---

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

---

Section A. Chapters 192, 630 and 633, RSMo, are amended by adding thereto five  
2 new sections, to be known as sections 192.350, 192.352, 192.355, 630.900, and 633.032,  
3 to read as follows:

**192.350. 1. There is hereby established within the department of health  
2 and senior services the "Missouri State Advisory Council on Pain and  
3 Symptom Management". The council shall consist of nineteen members that  
4 are residents of this state. The members of the council shall include:**

5 **(1) The director of the department of health and senior services, or the  
6 director's designee, who shall serve as chair of the council;**

7 **(2) The state attorney general, or the attorney general's designee;**

8 **(3) Two members of the senate, appointed by the president pro tempore  
9 of the senate;**

10 **(4) Two members of the house of representatives, appointed by the  
11 speaker of the house of representatives;**

12 **(5) One physician, appointed by the Missouri state board of registration  
13 for the healing arts, that is certified and accredited in pain management;**

14 **(6) One physician, appointed by the Missouri state board of registration  
15 for the healing arts, that is certified or accredited in palliative care;**

16 **(7) Two registered nurses, appointed by the Missouri board of nursing,**

17 with expertise in hospice, oncology, long-term care, or pain and symptom  
18 management and is certified by the National Board for Certification of  
19 Hospice and Palliative Nurses;

20 (8) One dentist, appointed by the Missouri board of dentistry, with  
21 training in pain and symptom management and is associated with the  
22 education and training of dental students;

23 (9) One pharmacist, appointed by the Missouri board of pharmacy, with  
24 training in pain and symptom management and is associated with the  
25 education and training of pharmacists;

26 (10) One representative of the pharmaceutical research and  
27 manufacturers of America, appointed by the governor, with the advice and  
28 consent of the senate;

29 (11) One mental health services provider, appointed by the governor,  
30 with the advice and consent of the senate;

31 (12) One physician assistant, appointed by the Missouri advisory  
32 commission for physician assistants, with training in pain and symptom  
33 management;

34 (13) One chiropractic physician, appointed by the Missouri state board  
35 of chiropractic examiners, with training in pain and symptom management;

36 (14) One physical therapist, appointed by the Missouri Physical  
37 Therapy Association, that specializes in pain management;

38 (15) One advocate representing voluntary health organizations or  
39 advocacy groups with an interest in pain management, appointed by the  
40 governor, with the advice and consent of the senate; and

41 (16) One member who has been diagnosed with chronic pain, appointed  
42 by the governor, with the advice and consent of the senate.

43 2. Members of the council shall be appointed by February 1, 2004. Of  
44 the members first appointed to the council, seven members shall serve a term  
45 of two years, and eight members shall serve a term of one year, and  
46 thereafter, members shall serve a term of two years. Members shall continue  
47 to serve until their successor is duly appointed and qualified. Any vacancy  
48 on the council shall be filled in the same manner as the original appointment.

192.352. 1. Members shall serve without compensation but shall,  
2 subject to appropriations, be reimbursed for reasonable and necessary  
3 expenses actually incurred in the performance of the member's official duties.

4 2. The department of health and senior services shall provide  
5 administrative support and current staff as necessary for the effective

6 operation of the council with existing resources.

192.355. 1. Meetings shall be held at least every ninety days or at the  
2 call of the council chair.

3 2. The advisory council shall:

4 (1) Hold public hearings pursuant to chapter 536, RSMo, to gather  
5 information from the general public on issues pertaining to pain and symptom  
6 management;

7 (2) Make recommendations on acute and chronic pain management  
8 treatment practices;

9 (3) Analyze statutes, rules, and regulations regarding pain  
10 management;

11 (4) Study the use of alternative therapies regarding pain and symptom  
12 management and any sanctions imposed;

13 (5) Review the acute and chronic pain management education provided  
14 by professional licensing boards of this state;

15 (6) Examine the needs of adults, children, the terminally ill, racial and  
16 ethnic minorities, and medically underserved populations that have acute and  
17 chronic pain;

18 (7) Make recommendations on integrating pain and symptom  
19 management into the customary practice of health care professionals;

20 (8) Identify the roles and responsibilities of health care professionals  
21 in pain and symptom management;

22 (9) Make recommendations on the duration and content of continuing  
23 education requirements for pain and symptom management;

24 (10) Review guidelines on pain and symptom management issued by the  
25 United States Department of Health and Human Services;

26 (11) Provide an annual report on the activities of the council to the  
27 director of the department of health and senior services, the speaker of the  
28 house of representatives, the president pro tempore of the senate, and the  
29 governor by February first of every year. Such report shall include, but not  
30 be limited to the following:

31 (a) Issues and recommendations developed by the council;

32 (b) Pain management educational curricula and continuing education  
33 requirements of institutions providing health care education;

34 (c) Information regarding the impact and effectiveness of prior  
35 recommendations, if any, that have been implemented; and

36 (d) Review of current policies regarding pain and symptom

37 management and any changes thereto occurring in pain and symptom  
38 management.

39 3. The department of health and senior services may accept on behalf  
40 of the council any federal funds, gifts, and donations from individuals, private  
41 organizations, and foundations, and any other funds that may become  
42 available.

630.900. 1. The director of the department of mental health, in  
2 partnership with the department of health and senior services and in  
3 collaboration with the departments of social services, elementary and  
4 secondary education, higher education, and corrections, and other  
5 appropriate agencies, organizations, and institutions in the community, shall  
6 design a proposed state suicide prevention plan using an evidence-based  
7 public health approach focused on suicide prevention.

8 2. The plan shall include, but not be limited to:

9 (1) Promoting the use of employee assistance and workplace programs  
10 to support employees with depression and other psychiatric illnesses and  
11 substance abuse disorders, and refer them to services. In promoting such  
12 programs, the director shall collaborate with employer and professional  
13 associations, unions, and safety councils;

14 (2) Promoting the use of student assistance and educational programs  
15 to support students with depression and other psychiatric illnesses and  
16 substance abuse disorders. In promoting such programs, the director shall  
17 collaborate with educators, administrators, students and parents with  
18 emphasis on identification of the risk factors associated with suicide;

19 (3) Providing training and technical assistance to local public health  
20 and other community-based professionals to provide for integrated  
21 implementation of best practices for preventing suicides;

22 (4) Establishing a toll-free suicide prevention hotline; and

23 (5) Coordinating with federal, state, and local agencies to collect,  
24 analyze, and annually issue a public report on Missouri-specific data on  
25 suicide and suicidal behaviors.

26 3. The proposed state suicide prevention plan designed and developed  
27 pursuant to this section shall be submitted to the general assembly by  
28 December 31, 2004, and shall include any recommendations regarding  
29 statutory changes and implementation and funding requirements of the plan.

633.032. 1. The department of mental health shall develop a plan to  
2 address the needs of persons who are on a waitlist for services, including

3 persons in habilitation centers waiting for community placement. Such plan  
4 shall reflect the partnership between persons with developmental disabilities  
5 and their families, community providers, and state officials, and shall support  
6 the choice and control of consumers and their families in the delivery of  
7 services and supports. Such plan shall include the following:

8 (1) A method to reduce the waitlist for services over a period of five  
9 years and to reduce the waiting period to ninety days;

10 (2) A description of minimum supports and services available to all  
11 eligible individuals and their families;

12 (3) An evaluation of the capacity of current providers to serve more  
13 individuals;

14 (4) A method of adjusting support and service levels based on the needs  
15 of the eligible individual combined with family or other relevant  
16 circumstances affecting the support of such individual;

17 (5) A method for determining the circumstances when out-of-home  
18 twenty-four-hour care may be necessary;

19 (6) A description of how the plan will be implemented on a statewide  
20 basis;

21 (7) Any changes in state law that will be required to implement the  
22 plan; and

23 (8) An analysis of the budgetary and programmatic effects of providing  
24 supports and services for all eligible individuals and their families.

25 2. The plan required pursuant to this section shall be completed on or  
26 before November 1, 2003. The director of the department of mental health  
27 shall submit a copy of the plan to the speaker of the house of representatives,  
28 the president pro tem of the senate, and the governor.